

CHILD FATALITY INTAKE FORM

Report Taken By: _____ Date Reported: _____ County: _____

Reporter: _____
Telephone: _____

Position: _____
e-mail address: _____

Director/Prog.Mgr.: _____ e-mail address: _____

Deceased child / children:

Name	Date of birth	Date of death	Race	Gender

Surviving children in the home:

Name	Date of Birth	Race	Gender

Parent/Caretaker:

Name	Address	Age	Race	Gender

Other Adults Involved:

Name	Address	Age	Race	Gender

Status of family's case at time of child's death:

- | | | |
|---------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Open CPS Investigation | <input type="checkbox"/> Open CPS Treatment | <input type="checkbox"/> Closed CPS Case |
| <input type="checkbox"/> DSS custody | <input type="checkbox"/> Prior Screened Out Report | <input type="checkbox"/> No prior CPS history |
| <input type="checkbox"/> Family Preservation Date _____ | | |

Prior Child Welfare services (include screened out reports and all report dates and results)

Known circumstances of the fatality including a brief description of the circumstances surrounding this fatality including any physical injuries:

Suspected Manner of Death

Cause of Death

(99 other; 01 accidental; 02 natural; 03 abuse,neglect; 04 homicide; 05 uncertain)

Autopsy conducted _ Date ____

Autopsy results_____

Actions taken by DSS in regard to the fatality and future actions anticipated:

List other Professionals involved with this fatality:

Name	Agency	Telephone

List anyone (other than above) who expressed concern about this fatality:

Name	Agency	Telephone

Criminal charges